

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/45 9	2. Fiscal Year Covered From:
· / · · · · · · · · · · · · · · · · · ·	1 / 1 / 2005 Through: 1.2 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name James E:Ryan	Name UA Plumber's and Pipefitters LU 155
	Labor Organization File Number 042-317
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 82 Dold RD.	Street 1223 W. Markham
City Oppelo	City Little Rock
State Arkansas ZIP Code + 4 72110	State Arkansas ZIP Code + 4 72201
5. Position in labor organization. Financial Secretary/ Treasure	Service for the service of the servi
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street '	7.b. Amount,
	A Suppose Office of the second common case of the second o
City	To the second state of the second sec
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Jame E. Ryan	On 03/30/2006 501-374-4943
	Date Telephone Number

Name of Person Filing James Ryan	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name 'Arkansas Pipe Trades Health & Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1300 South Meridian Ste 200 City Oklahoma City State Oklahoma ZIP Code + 4 73108	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Arkansas Pipe Trades Health & Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1300 South Meridian Ste 200 City Oklahoma City State Oklahoma ZIP Code + 4 73108	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. International Foundation Conference as Trustee Honolulu, Hawaii 11-13-2005 / 11-16-2005.	
C. Received from any employer (other than an employer covered under	or parts A and B above)	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	or other thing of value. 14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	